MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 875)

SERIAL NO. 7/496324   FILING DATE 2/5/00

APPLICANT

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT											
	NO.	OCF.	NO.	OCF.	NO.	OCF.		NO.	OCF.	NO.	OCF.	NO.	OCF.	NO.	OCF.
1							51								
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43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	6						TOTAL IND.								
TOTAL DEP.	3						TOTAL DEP.								
TOTAL	9						TOTAL								